

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047496

STATE FILE NUMBER

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 158

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY

Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville

Length of stay in 1b 3 days

c. CITY OR TOWN New Franklin

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 113 N. Howard

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last Francis Marion Cochran

4. DATE OF DEATH Month Day Year Dec. 6, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH May 2, 1894

9. AGE (last birthday) 69 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman Retired

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James William Cochran

13b. MOTHER'S MAIDEN NAME Mary M. Snell

14. NAME OF HUSBAND OR WIFE Helen von Oertzen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War I

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Helen Cochran New Franklin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSEPTAL MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

YEARS.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 6, 1963 to Dec 6-63 and last saw her alive on Dec. 6, 1963 Death occurred at 11:01 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 9, 1963

23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.

23d. LOCATION (City, town, or county) (State) New Franklin, Missouri

24. FUNERAL DIRECTOR ADDRESS Markland Funeral Home New Franklin, Mo.

25. DATE RECD. BY LOCAL REG. 12-7-63

26. REGISTRAR'S SIGNATURE

Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DEC 20 1963

DEC 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.